

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: South Carolina

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

- Method of Certification e.g. waiver, competency, evaluation, reciprocity
- Last employer (from employment history), if requested

TN No. MA 92-05
Supersedes
TN No. N/A

Approval Date 4-7-92

Effective Date 4/01/92

HCFA ID: